

Typical Progression of Treatment for Unilateral Meniere's Disease

* **Cutting Vestibular Nerve**

Along with aggressive vestibular rehabilitation with a physical therapist

* **Note:** In some cases a **labyrinthectomy** may be considered at this stage, but they are not common anymore and have fallen out of favor



* **Gentamicin and other “vestibular killing” drugs perfused or injected into inner ear**

Considered more risky than shunt due to potential for hearing damage



* **Shunt or endolymphatic sac decompression surgery**

There are different types of this surgery and they may or may not include destruction of endo sac depending on the surgeon's preferences – discuss these options with your doctor



* **Meniett Box**

Transtympanic micropressure treatments – see <http://www.meniett.com>. This treatment has become more common, but some doctors still question it's effectiveness. As of 2/2006 many ins. plans are covering the device.



* **Allergies** – thorough allergy testing should be done to see if allergies are present, if they are, allergy mitigation/immunotherapy has been shown to reduce symptoms in Meniere's patients

* **Vestibular Rehabilitation Therapy with a physical therapist** - if balance function has been impaired at all on a daily basis outside of episodic attacks, then this therapy can be extremely valuable.

* **Occasional steroid injections or oral steroids to reduce inflammation** - if they help continue to use on occasion, if no response do not continue. Steroids are considered to be useful only for temporary relief of Meniere's in some people and are not considered a cure.



Step ONE - All of these treatments are usually considered basic and should be continued no matter what treatments you pursue in the future.

* **Low salt diet** – to help avoid fluid build up in the ears

* **Trigger avoidance** – common triggers include caffeine, alcohol, stress, and nicotine

* **Regular exercise**

* **Medications usually prescribed include:** diuretic – daily (to reduce fluid in ear), meclizine – as needed (for dizziness), Phenergan – as needed (for nausea), xanax or valium or ativan – as needed (to act as vestibular suppressant), SERC – 3 times a day (also called betahistine hydrochloride – acts to improve blood flow and processing of fluids in inner ear). Some doctors will prescribe antivirals such as Acyclovir, this is a very hotly debated form of treatment, and should be entered into carefully and after thorough investigation of your options.

* **Talk Therapy/Antidepressant medications** – as with any major illness Meniere's may cause feelings of depression or panic. Cognitive behavioral talk therapy and/or antidepressant medications may make a big difference in coping with the disease.

Move up the ladder to the next step if this step doesn't help enough.

The base step may include “alternative” treatments like various regimens, supplements, acupuncture, etc..., at the patient's discretion. This chart was only intended to discuss traditional western treatments.

*For more thorough discussion of these treatments and all aspects of Meniere's Disease visit:
www.menieresinfo.com and www.menieres.org and www.vestibular.org*

CAUTION!!!! Created by a patient for patients. This is only intended to be used as a point of discussion with your doctor and not as a definitive resource. Not all Meniere's experts would agree with all steps presented.

Bilateral patients may have slightly different steps.

Post comments to <http://www.menieresandme.blogspot.com>